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Claim	Final	Original	2/12	4/9	12/8	13/03	Date
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ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W	71534	04-21-99
O.I.P.E. CLASSIFIER	PD	53	4-27-99
FORMALITY REVIEW	PD	10823	5-5-99

INDEX OF CLAIMS

☒ Allowed
☒ Cancelled
☐ (Through numerical)
☐ Restricted
☐ A
☐ T
☐ 0
☐ Not Selected
☐ Interference
☐ Appeal
☐ Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
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ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	TD NO.	DATE
FEE DETERMINATION	W	71534	04-21-99
O.I.P.E. CLASSIFIER	PD	53	4-27-99
FORMALITY REVIEW	AMW	10823	55-89

INDEX OF CLAIMS

Allowed ☐ (Through) Rejected N ☐ Non-elected
 = ☐ Allowed I ☐ Interference
 - (Through numeral) Canceled A ☐ Appeal
 + ☐ Restricted O ☐ Objected

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If more than 150 claims or 10 actions
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